



Using Essays in Therapy

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Abstract

Using essays in speech therapy is an effective way to help clients explore, discuss, and manage stuttering. While essays are useful, they are not always easy to locate and integrate into therapy plans. This paper directs the reader to essays that address five major focal points of speech therapy for people who stutter: It's OK to feel bad about stuttering, it's OK to feel better about it too, it's OK to speak (and to stutter), it's OK to modify your speech, and it's OK—no, it's a must—to go elsewhere with new skills. As each point is discussed, the reader is directed to essays that will facilitate discussing the idea during treatment.

Author's note

In composing this paper, I borrowed liberally from my book (Williams, 2006), specifically the preface and the chapters on treatment and essays about stuttering. These portions are reprinted with the permission of Lawrence Erlbaum Associates (<https://www.erlbaum.com>).

As I note in my book's (Williams, 2006) introduction, one day I was handed a story written by a colleague, who told me that his stuttering clients were thrilled at how they identified with the main character. Two things happened shortly thereafter.

- I gave the story to some of my clients, who read it and asked why I never did anything interesting like this before.
- I was told by a different colleague that an essay I had written sometime earlier had inadvertently helped a client better understand the long-term goals of his therapy.

These events put me on the lookout for additional essays that I could use in therapy. I found some good discussion starters and, for many clients, this technique turned out to be a useful means of addressing aspects of stuttering—emotions, avoidance behaviors, difficulties talking to women (my clients have very specific priorities)—that they normally did not wish to discuss with me.

This initial success put me on the lookout for good readings. While I found much of value, sometimes I did not find exactly what I was looking for. I became quite annoyed until someone pointed out to me that materials are not published solely for my benefit. Even so, my annoyance continued to simmer when I noticed that even the most effective essays had a significant drawback: They took real work to find. This brings me to the purpose of this article. Because I have already tracked down many good essays, I'll pass along my findings

to you in the hope that they can one day benefit your clients. And even if they don't, you'll enjoy reading them yourself.

Goals of therapy

Treatment begins, of course, with the setting of goals. The trouble is that what the actual goals are vary from client to client. This variability, I suppose, parallels the considerable variability across people who stutter. Still, if someone asked me to state the primary goal of stuttering therapy, I would answer: effective communication. That is, regardless of the techniques learned, clients should be able to say what they want to, not what the stuttering allows (Conture & Guitar, 1993; Hood, 2001; Williams & Dugan, 2002).

As long as I'm generalizing, I will also add that there are some broad and overlapping ideas that, I feel, should be common to all treatment plans. And while some clients will not need much, if any, work in one or more of these areas, I believe it is important that the statements be part of a therapist's general philosophical approach and that the client understand each one by the time therapy is complete. These statements are listed below.

- It's OK to feel bad about stuttering.
- It's OK to feel better about it, too.
- It's OK to speak (and to stutter).
- It's OK to modify your speech.
- It's OK—no, it's a must—to go elsewhere with new skills.

More pertinent to the theme of this article is this: Essays can help with any of these ideas. Let's start with the first.

It's OK to feel bad about stuttering

When describing their stuttering, few clients use the word fun. Some might say (with varying degrees of honesty) that they don't care about it one way or another. But I have yet to hear anyone compare it to Disney World.

Instead, they are far more likely to talk of struggles, anxieties, failures, and embarrassments. They mention words to be feared, situations to dread, and tension that can be both physically and mentally exhausting.

And you know what? I think it's good that they do.

Stuttering is bothersome, to say the least, and there is no reason to pretend otherwise. In fact, it is important that clients own up to this truth. After all, no change can take place from a perspective of denial. What's needed is honesty. Frank identification of stuttering's negative components can not only reduce anxiety in the short run (Cooper, 2003), but is also the first step to lasting change (Gregory, 2003; Guitar, 1998; Sheehan, 2003). After all, the whole problem cannot be treated so long as part of it is kept hidden. It is thus important that the SLP and client discuss both the disfluency and the covert experiences that accompany it (Van Riper, 1973).

Keep in mind, though, that because of a client's denial or inability to formulate emotions into words, such discussion might not come easy. In these instances, clinicians can utilize activities designed to bring emotions to the surface. This is where essays come in—as discussion starters. Two that can be very effective in this regard are listed below.

- Eldridge, K. (1997). A Conversation with my Stutter. Available on the Stuttering Home Page at <http://www.mnsu.edu/comdis/kuster/casestudy/eldridge.html>

In this essay, an adult addresses his stuttering in a letter and the result is an intensely personal and emotional invective with which most any person who stutters can identify.

- Waggott, G. (2004). Wall of silence: What your kids won't tell you about bullying. International Stuttering Awareness Day Conference. Available at: <http://www.mnsu.edu/comdis/isad7/papers/waggott7.html>

A powerful account in which bullying is described not as a subject of theory and research, but through the eyes of the victim.

It's OK to feel better about it, too

With discussion of stuttering should come improved understanding on the part of the client. This includes an understanding of his or her own speech-related attitudes (Sheehan, 2003), listener reactions (Cooper, 2003), and the actual stuttering—what happens during breakdowns as well as how the disorder affects goals, ambitions, and quality of life (Cooper, 2003; Sugarman & Yaruss, 2000; Van Riper, 1973). As a bonus, therapy is also likely to be better understood.

Improved understanding helps to demystify stuttering (St. Louis, 1999), that is, to make it both comprehensible and manageable. People who stutter often come to therapy with the idea that their disorder is some unwieldy and shapeless force that totally enshrouds them (Cooper, 2003; St. Louis, 1999; Zebrowski, 2003). They cannot begin to examine it because they can't get hold of it long enough to even catch a glimpse. Systematic and structured examination of one's stuttering makes the disorder less mysterious and therefore less powerful.

Personalized discussions are also beneficial to the SLP, as they allow him or her to understand what the issues are with a particular client's stuttering (Gregory, 2003). Such an understanding helps guide therapy in the right direction. Furthermore, these discussions make therapy more enjoyable for both parties because the sessions are not exclusively drill work. Dialogue about fears, challenges, and successes are welcomed and encouraged (Cooper, 2003; Sugarman & Yaruss, 2000). Three essays that might help further this type of dialogue are listed below.

- Carpenter, M. C. (2001). The Gift my Stuttering Gave to me. In St. Louis, K. O. (ed.), *Living With Stuttering: Stories, Basics, Resources, and Hope*. Morgantown, WV: Populore.

A tale of how taking responsibility of her life helped the author learn acceptance.

- Chmela, K. A. (1997). Thoughts on Recovery. Available on the Stuttering Home Page at <http://www.mnsu.edu/comdis/kuster/casestudy/path/chmela.html>

This one addresses recovery from a personal standpoint. What really stands out here is the importance of gaining control of one's life back from stuttering.

- Murray, F. P. & Edwards, S. G. (1994). *A Stutterer's Story*. Memphis: Stuttering Foundation of America.

The whole book is good, but for the purposes of this section, I will specifically highlight the chapter entitled Acceptance, the story of Dr. Murray's personal growth as it relates to stuttering.

It's OK to Speak (and to Stutter)

It is hoped that the exploration of stuttering will eventually lead to self-acceptance on the part of the clients. They must become comfortable enough with the idea that they stutter that change can occur. The initial reason for this is straightforward: Since it is impossible to get better at something without ever trying it, it follows that, in order to improve communication, one has to communicate. The idea here is not that people need to practice speaking in order to learn how to stop their speech breakdowns, but, rather, that they need to talk and not consider such breakdowns as failures. Stuttering is not shameful and it is important that clients not view it as such (Sheehan, 2003; Zebrowski, 2003). Fears of communicating must be overcome if any real improvement is going to take place. Stated differently, if problem words and situations can be approached without trepidation, attitudes toward speaking will improve and avoidance of speech (and life) will diminish.

Advertising (or self-disclosure of stuttering), open stuttering (i.e., without accompanying secondary behaviors) and voluntary stuttering (stuttering purposely on a word that could have been said fluently) are three means of confronting the emotional weights associated with speaking. Essays in which these strategies are addressed include the following.

- Hicks, R. (1997). In *On the Lighter Side*, Stuttering Home Page, at: <http://www.mnsu.edu/comdis/kuster/humor.html#hicks>

This short story provides a good example of a needed message: Advertising one's stutter will not necessarily lead to emotional and/or uncomfortable situations, but may instead result in everyday exchanges that can even be humorous.

- Murphy, B. (1994). Hello, Fart Face. In Ahlback, J. & Benson, V. (eds.). *To Say What is Ours: The Best of 13 Years of Letting Go*. Anaheim Hills, CA: National Stuttering Project. Also available at:
<http://www.mnsu.edu/comdis/kuster/PWSspeak/bmurphy.html>

This has to be the foremost example of how stuttering openly is preferable to using avoidance techniques.

- Reitzes, P. (2005). *The Why and the How of Voluntary Stuttering*. International Stuttering Awareness Day Conference. Available at:
<http://www.mnsu.edu/comdis/isad8/papers/reitzes8.html>

Exactly as the title suggests, this article defines voluntary stuttering, explores the objections to it, and explains its value in relation to treatment goals.

It's OK to modify your speech

Obviously, therapy must involve some sort of direct management of speech beyond open and voluntary stuttering. For this reason, speech goals will be part of any treatment plan. Such goals are rooted in two possible outcomes: shaping (i.e., achieving) fluency and modifying (learning to manage) disfluency.

Despite the outward philosophical differences between the two approaches, both can be effectively merged into the same treatment plan (e.g., Dietrich, 2000; Guitar, 1998; Ramig & Dodge, 2004). So the decision for the SLP and client is one, the other, or some combination. Essays that can help with this decision include the following.

- Carlisle, J. (1997). *Beware the Speech Therapy Evangelists*. In Hughes, M. (Ed.). *Good People: The Best of Speaking Out*. St. John, N. B. (Canada): Speak Easy, Inc.

This piece illustrates the complexity of the therapeutic process and, more specifically, why there are no easy answers.

- Hood, S. (2003). *Desirable Outcomes from Stuttering Therapy*. International Stuttering Awareness Day Conference. Available at:
<http://www.mnsu.edu/comdis/isad6/papers/hood6.html>

An examination of many contemporary issues surrounding treatment, including fluency shaping vs. stuttering modification.

- Jezer, M. (1997). *Stuttering: A Life Bound up in Words*. New York: BasicBooks.

Here I am referring specifically to the four chapters on therapy experiences. These offer objective analysis and thoughtful insights about both the treatment programs and Mr. Jezer's specific outcomes.

- Quesal, B. (1998). What is "Successful" Stuttering Therapy? International Stuttering Awareness Day Conference. Available at:
<http://www.mnsu.edu/comdis/isad8/papers/reitzes8.html>

Goals from both treatment perspectives are addressed—e.g., fluency, acceptance, effective communication—with the idea that different goals suit different people.

It's a must to go elsewhere with new skills

As clients begin to habituate and generalize therapy targets, they should be made aware that mistakes will be tolerated and even encouraged. Again, the idea is for the clients to keep talking, keep trying. They will make far more progress risking failure than always playing it safe. After all, those who never make mistakes cannot learn from them. On the other hand, those who embrace challenges can eventually progress beyond them (Hood, 2001). Essays that might help SLPs make this point include:

- Ahlback, J. (1994). A Reflection on Public Speaking. In Ahlback, J. & Benson, V. (Eds.). *To Say What is Ours: The Best of 13 Years of Letting Go*. Anaheim Hills, CA: National Stuttering Project.

This short and humorous take on public speaking would be cathartic for any person who stutters and is approaching the very real situation of talking before an audience.

- Love, B. (1994). Keeping the Dream Alive. In Ahlback, J. & Benson, V. (Eds.). *To Say What is Ours: The Best of 13 Years of Letting Go*. Anaheim Hills, CA: National Stuttering Project.

This entry contains excerpts from a speech delivered by former professional basketball great Bob Love. The idea of never giving up, even when life is at its darkest point, has never been illustrated better.

- Williams, D. F. (2000). The Match of a Lifetime: A Parable. International Stuttering Awareness Day Conference. Available at:
<http://www.mnsu.edu/comdis/ISAD3/papers/williams2.html>

Yes, it's bad form to cite my own stuff, but the better examples were delivered in workshops and presentations (e.g., Hood, 2001) and are thus not currently in essay form.

Final Note

It is my hope that these essay ideas can aid some folks in the treatment of stuttering. Obviously, there are tons of worthy essays left out, but perhaps this article can provide readers with a starting point.

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